

Smoking During Pregnancy

Publicly funded services to address smoking are described in First Steps and Tobacco Services for Pregnant Women

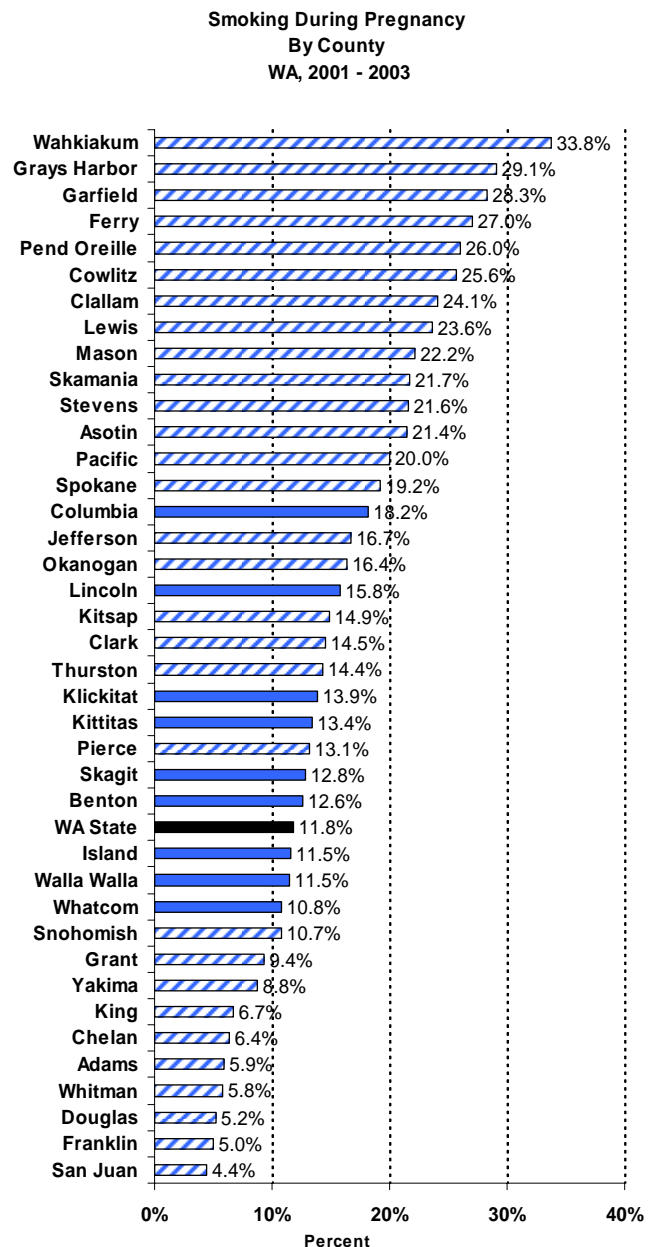
Key Findings:

- In 2003, the birth certificate question regarding smoking changed from “Yes/No” to the number of cigarettes smoked in the first, second, and third trimesters. Analysis comparing historical data to 2003 data, show that changes seen in 2003 are consistent with previous years’ data.
- Tobacco smoking during pregnancy is the most important preventable cause of low birth weight. Smoking is also associated with spontaneous abortion. Tobacco smoking among women with live births in Washington State decreased significantly from 19.9% in 1992 to 10.8% in 2003. Nationally in 2003, 10.7% of women with live births smoked during pregnancy.^{1,3}
- American Indian/Alaska Native women, Non-Hispanic women, and Native Hawaiian/Pacific Islander women were more likely to report smoking during pregnancy than women of other races/ethnicities.^{1,a}
- Women on Medicaid, especially women receiving TANF were more likely to report smoking during pregnancy compared to Non-Medicaid women.⁶
- Smoking during pregnancy was highest among women 15-19 years of age and decreased with age until 35-39 years.¹
- Among PRAMS respondents in 2001-2003, an estimated 21% reported smoking during the three months prior to pregnancy, 11% during the last three months of pregnancy and 15% postpartum. (Data not shown)⁵

Definition: Smoking during pregnancy is defined as the mother smoking at any time during her pregnancy as reported on the Washington State Birth Certificate.

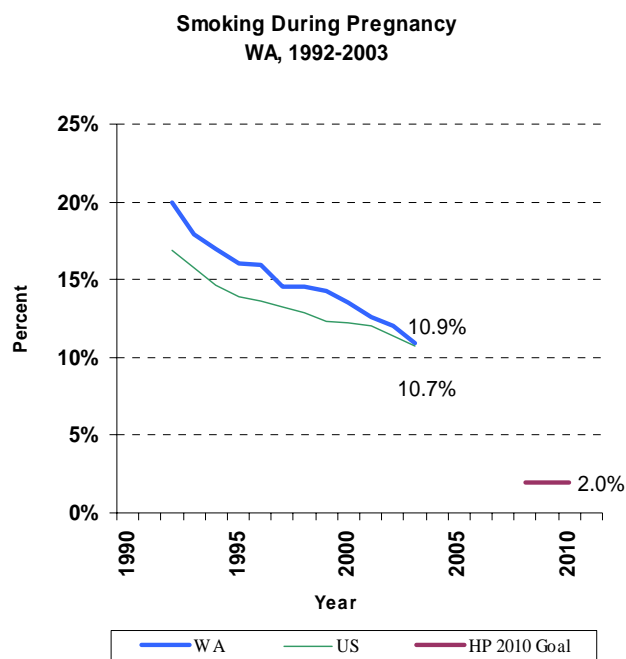
- The Healthy People 2010 goal is to increase abstinence from smoking among pregnant women to 99%, and to increase smoking cessation during the first trimester of pregnancy to 30%.²

County^{1,a,b}

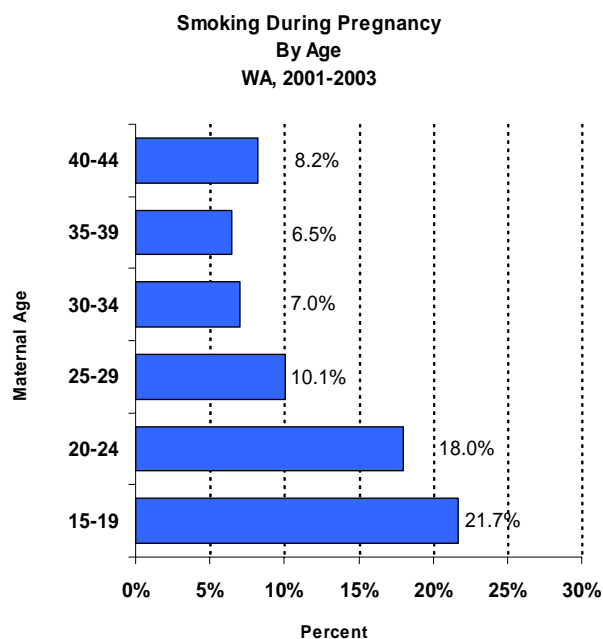


Significantly different from state based on 95% confidence intervals

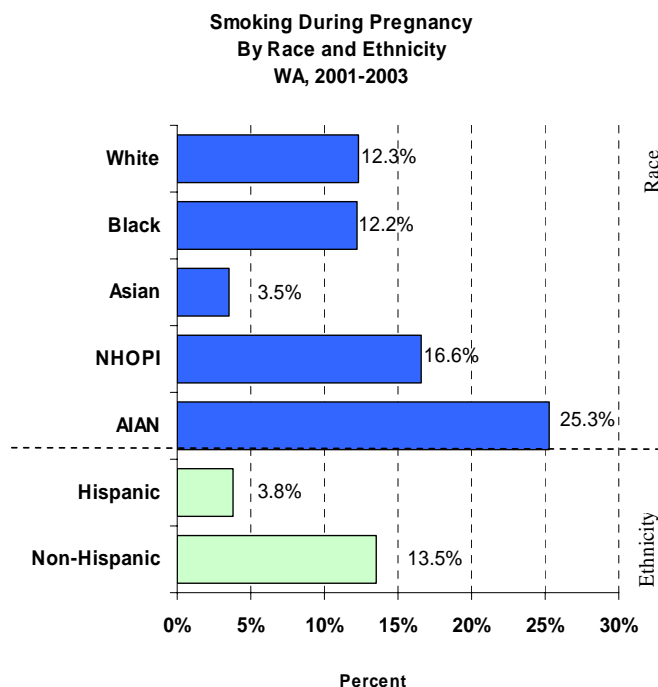
Trend^{1,3,b}



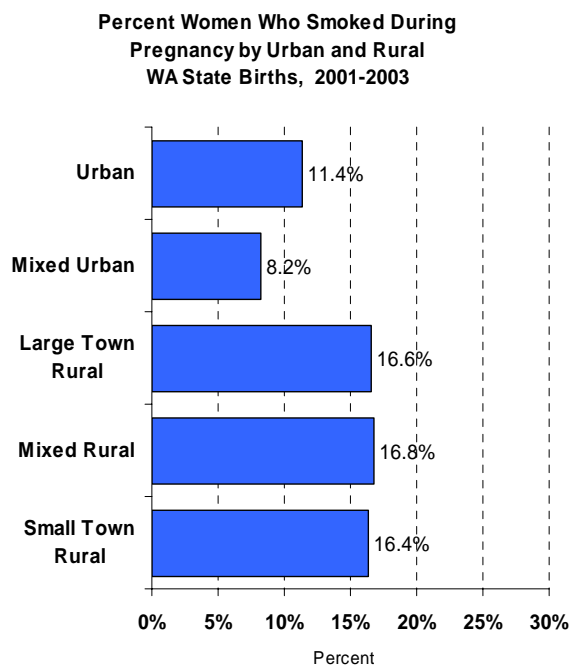
Age^{1,b}



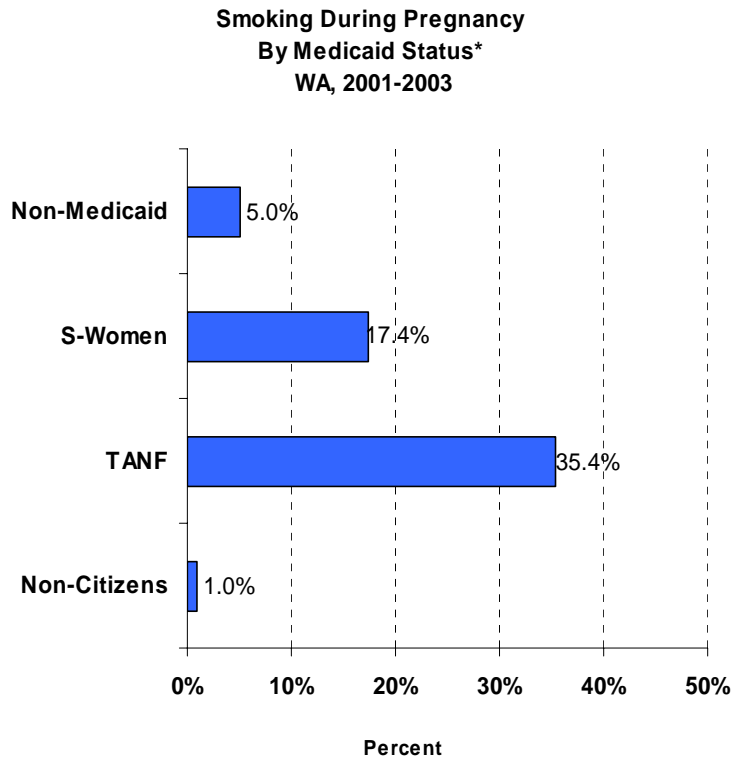
Race and Ethnicity^{1,c,d,e}



Rural and Urban Residence^{7,b,f}



Medicaid Status^{5, b, c}



* Medicaid women received maternity care paid for by Medicaid. They are divided into three major subgroups (from highest to lowest socioeconomic status): **S-Women** - those women who are citizens and eligible to receive Medicaid because they are pregnant and have incomes at or below 185% FPL, **TANF** - those women who are very low income (generally < 50% FPL) and receive cash assistance (TANF) in addition to Medicaid, and **Non-Citizens** - those women who are not citizens and are eligible to receive Medicaid because they are pregnant and have incomes at or below 185% FPL. Non-citizens are not eligible for TANF although their incomes are often lower than women on TANF. All three Medicaid groups have incomes below most Non-Medicaid women.

Data Sources

1. Washington State birth certificate data: Vital Statistics 2003, Washington State Department of Health, Center for health Statistics, December 2004.
2. Department of Health and Human Services (US). Healthy People 2010: Understanding and Improving health. 2nd edition. Washington, CD: US Government Printing Office; November 2000.
3. Martin JA, Hamilton BE, Sutton PD, et. Al. Births Final Data for 2003. National Vital Statistics Reports, Vol 54 No 2. Hyattsville, MD: National Center for Health Statistics, 2005. Website: http://www.cdc.gov/nchs/data/nvsr/nvsr54/nvsr54_02.pdf
4. Mathews TJ. Smoking during pregnancy in the 1990s. National Vital Statistics Reports, Vol 49 No 7. Hyattsville, MD: National Center for Health Statistics, 2001. Website: http://www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49_07.pdf
5. Washington Pregnancy Risk Assessment Monitoring System (PRAMS), 2001-2003.
6. Cawthon L. "Mother Smoked During Pregnancy, by Medicaid Eligibility Excluding Unknowns, for Mothers who gave birth 2001-2003 (Yes/No for 2001-2002, smoking during any trimester of pregnancy 2003)". 5/10/05
7. Washington State Department of Health, Office of Community and Rural Health. November 2005.

Endnotes

- a. Significance was determined based on 95% Confidence Intervals.
- b. Data for the county-specific, age-specific, race and ethnicity, and rural-urban smoking rates are based on the percent of infants whose mothers smoked during pregnancy. Medicaid-specific rates show the percent of pregnant women who reported smoking. Slight differences exist between these two measures.
- c. Includes fetal deaths and live births
- d. AIAN – American Indian/Alaska Native
- e. NHOPI – Native Hawaiian/Other Pacific Islander
- f. Rural urban differences are based on county level RUCA codes calculated using 2000 census data (see Technical Notes for description of RUCA codes)